

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155272		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/13/2011	
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-CASTLETON				STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN46250			
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F0000	<p>This visit was for Investigation of Complaints IN00088043, IN00088401, and IN00088559. This visit resulted in a partially extended survey-immediate jeopardy.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00086031 completed on March 9 2011.</p> <p>Complaint IN00088043- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00088401- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00088559- Substantiated. Federal/state deficiencies are cited at F225, F226, and F279.</p> <p>Survey dates: April 6, 7, 8, 9, 10, 11 2011 Extended survey dates: April 12, 13 2011</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Survey team: Chuck Stevenson, RN, TC Christi Davidson, RN</p>			F0000	<p>This serves as the Allegation of Compliance for Kindred Transitional Care &amp; Rehabilitation Center-Castleton for the recent complaint survey dated 04/13/11. Kindred Transitional Care &amp; Rehabilitation Center-Castleton asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of action. The staff of Kindred Transitional Care &amp; Rehabilitation Center-Castleton is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred Transitional Care &amp; Rehabilitation Center-Castleton is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey. The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0225	(4/6, 4/7, 4/8 2011)  Census bed type: SNF/NF: 133 Total: 133  Census payor type: Medicare: 29 Medicaid: 76 Other: 28 Total: 133  Sample: 5 Supplemental Sample: 3  These deficiencies also reflect State findings in accordance with 410 IAC 16.2.  Quality review completed on April 18, 2011 by Bev Faulkner, RN  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of						

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SS=J	<p>law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>A. Based on record review and interview, the facility failed to thoroughly investigate an allegation of sexual abuse by 1 resident and ensure residents were protected from future abuse for 1 of 3 allegations of abuse reviewed. This deficient practice resulted in immediate jeopardy.</p> <p>Resident B.</p> <p>The Immediate Jeopardy was identified</p>			F0225	<p>This serves as the Allegation of Compliance for Kindred Transitional Care &amp; Rehabilitation Center-Castleton for the recent complaint survey dated 04/13/11. Kindred Transitional Care &amp; Rehabilitation Center-Castleton asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to</p>		05/09/2011

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	<p>on 4/06/11 and began on 3/24/11. The Administrator, Director of Social Services, and the District Director of Clinical Operations were notified of the immediate jeopardy on 4/06/11. The Immediate Jeopardy was removed on 4/10/11, but the facility remained out of compliance at the level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy because the facility was continuing inservicing, educating, and monitoring of employees for knowledge and compliance with building and visitation policies and policies and procedures related to investigating and reporting injuries of unknown injury and allegations of abuse.</p> <p>B. Based on record review and interview, the facility failed to re-investigate and report to the state agencies a fracture of unknown origin for 1 of 3 residents reviewed for injuries of unknown origin in a sample of 5. Resident C.</p> <p>Findings include:</p> <p>A 1. The record of Resident B was reviewed on 4/06/11 at 11:00 a.m.</p> <p>Diagnoses included, but were not limited to, borderline personality disorder, hypertension, a history of uterine and</p>				<p>assure compliance with regulations and our plan of action. The staff of Kindred Transitional Care &amp; Rehabilitation Center-Castleton is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred Transitional Care &amp; Rehabilitation Center-Castleton is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey. The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p> <p><b>F225</b></p> <p><b>How corrective actions will be accomplished for the residents affected.</b></p> <p><b>Resident B</b> Resident B will not be assigned male caregivers and staff have been instructed to provide care to this resident in pairs for the protection of both the resident and staff. Social Services and Administration have scheduled a patient/family meeting to discuss placement options with</p>		

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	<p>breast cancer, beriberi, severe malnutrition, and hepatitis B.</p> <p>Resident B's admission Minimum Data Set (M.D.S.) assessment, dated 2/24/2011, indicated she did not experience hallucinations or delusions.</p> <p>Resident B's record did not contain any documentation of Resident B having a guardian or an appointed power of attorney.</p> <p>A Recapitulation of Physician's Orders for April 2011 had a physician's order, dated 2/17/2011, which indicated "Resident is capable of making his/her own health decisions."</p> <p>A "Facility Incident Reporting Form" provided by the Director of Nursing Services (D.N.S.) on 4/06/11 at 10:00 a.m., and completed by him indicated:</p> <p>"Incident Date: 3/24/2011...</p> <p>Resident Name: (Resident B)...</p> <p>Brief Description of Incident: Resident reported to the Unit manager and the social (sic) service Director, that allegation of rape. (sic) when asked when it happened, resident stated it happened last night. resident unable to describe</p>				<p>the resident.</p> <p>Resident has been placed on a Behavior Management Program in reference to repeated false accusations. Social Services will meet with the resident and call her family weekly x4 weeks to ensure that any concerns are promptly identified, resolved and that no long term effects are evident. ED/DNS will give resident and family member contact information to ensure that any concerns are reported in a timely manner. ED/DNS will monitor assignment sheets and SS notes to ensure compliance.</p> <p><b>Resident C</b></p> <p>Resident C has been kept on a Pain Management program. Pain is assessed with any condition change for modifications to the plan of care. Resident C care plan has been updated to address the fracture and pain control issues.</p> <p><b>How corrective action will be accomplished for those residents with the potential</b></p>		

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	<p>what happened when asked. asked if resident knew who did it, he (sic) said his name was "rock" and he does not work here. asked if she could describe him, all she said was, he is dark skin and has good grade hair. resident she (sic) gas already told her husband and her daughter and that they will be picking her up after work. resident continue to repeat the same statement over and over. she was unable to give any further information and description when asked. when questioned if she screamed (sic) she said yes, staff came in but the man has already left."</p> <p>The "Facility Incident Reporting Form" quoted above did not document the date or time the report was completed, or the time Resident B made the allegation of rape.</p> <p>A Nursing Progress Note, dated 3/25/11 at 11:00 a.m., indicated "Reported to this writer et (and) Social Service Director that resident made an allegation of rape-Spoke to resident-stated 'I was raped'...asked if she knew when it happened stated 'Yes it happened last night'...."</p> <p>A facility "Resident Event Report Worksheet" received from the D.N.S. on 4/07/11 at 5:00 p.m., indicated the Administrator had been advised of</p>				<p><b>to be affected.</b></p> <p>Resident interviews were conducted on April 10, 2011 to ensure that no other allegations of abuse were present. Department Heads were educated by ED/DDCO on 4-7-11, Staff Development Coordinator on 4-20-11, and 4-21-11 with respect to policy and procedure reporting/investigation of allegations. Staff was educated on 4-7-11, 4-12-11, 4-21-11 and 4-21-11with regards to the immediate reporting of any such allegations of abuse to the ED/DNS/designee. ED is taking disciplinary action with Staff regarding failure to follow the Abuse Policy and protocol and the need to report incidents immediately. ED met with Resident Council on April 29, 2011 to review the Abuse Policy and protocol and the need to report incidents immediately. If a resident has a fall and a subsequent negative x-ray for a fracture, and resident</p>		

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	<p>Resident B's allegation of rape on 3/25/11 at 11:30 a.m. During an interview on 4/08/11 at 9:55 a.m. the Administrator confirmed he had not participated in any way in the investigation of Resident B's allegation of rape.</p> <p>Resident B was interviewed on 4/07/11 at 4:00 p.m., in private in her room. She was pleasant and cooperative. When asked about her allegation of rape, she refused to discuss it and ended the interview.</p> <p>During an interview with the Social Services Worker on 4/07/11 at 5:00 p.m., with the D.N.S. and Administrator present she provided copies of two resident interviews, dated 3/25/11, she indicated she did following Resident B's allegation of rape. The D.N.S. and Administrator had no explanation for why this documentation was not included in documentation provided earlier.</p> <p>A Social Services Progress Note, dated 3/25/11 at 1:30 p.m., indicated "This writer (symbol for "and") UM (unit manager) went to speak to (name of resident) to follow up with investigation. This writer asked (name of resident) if she heard anything last night R/T (related to) neighbors on hall. (Name of resident) stated No (symbol for "and") that she slept all night heard nothing."</p>				<p>continues to complain of pain or demonstrates any change in condition, the resident will be sent to the hospital for further evaluation.</p> <p><b>What measures will be put in place/systemic changes made to ensure correction &amp; How the facility plans to monitor its performance to make sure those solutions are maintained.</b></p> <p>All doors will be locked 24/7. The main entrance will be staffing during normal business hours. Cameras will be installed at the front door entrance, the Cambridge Unit entrance and the staff entrance. The staff on the unit will have the responsibility to allow or deny entry to the facility who not do not use the main entrance. Staff on the units will be responsible to ensure that visitors sign in. If a visitor refuses to sign in or becomes threatening in any way, the visitor will be asked to leave the premises. If they refuse, police will be notified. Maintenance personnel will</p>		

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	<p>A Social Services Progress Note, dated 3/25/11 at 1:35 p.m., indicated "This writer went to speak with (name of resident) in regards to investigation. (Name of resident) stated he did not hear anything last noc (night) it was pretty quiet..."</p> <p>During interviews on 4/06/2011 at 10:30 a.m. and again at 4:30 p.m., the D.N.S. indicated he had not interviewed any residents or staff following Resident B's allegation of rape, and had not done any other investigation or instituted any interventions to assure resident safety.</p> <p>An Immediate Jeopardy was identified on 4/06/11 at 4:30 p.m. The Immediate Jeopardy began on 3/24/11 when a resident alleges she was sexually assaulted. The Administrator, Director of Social Services, and the District Director of Clinical Operations were notified of the immediate jeopardy related to the facility's failure to protect residents from potential abuse on 4/06/11 at 5:15 p.m. The Immediate Jeopardy was removed on 4/10/11, when through observations, interviews, and record reviews it was determined that the facility had implemented the plan of action to remove the Immediate Jeopardy and that the steps taken removed the immediacy of the</p>				<p>check locks according to the preventative schedule daily and prn. The Supervisor will be responsible for checking the doors on the weekends. The facility has posted notices at each entrance outlining the new security system. Daily resident rounds will be performed by the ED/DNS and unit managers to identify and address concerns promptly. Department Managers will be educated to Kindred's Angel Care program by May 5, 2011 and they will be required to visit their assigned residents 2-3 times weekly, with a weekly call made to the residents' responsible party and a weekly summary turned into the ED. Any concerns will be brought to the daily clinical meeting with a resolution indicated within 24 hours. ED/DNS will monitor weekly summaries to ensure resolution. Resident interviews will be conducted by SS, on a quarterly basis, using the ABAQIS (Quality Assurance) system questions to ensure integrity of the process. Any</p>		



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	<p>problem. The facility performed multiple interviews with residents to uncover any information related to the allegations, to assess for any harm including psycho-social, discover any concerns the residents had, and responded to those concerns. The facility notified the local police agency, and the police investigated on 3 visits to the facility during the survey. At the time of exit all investigations were noted as unfounded. The facility also began interviewing all involved staff members, and began conducting inservice training on new building security policies, visitation policies, policies and procedures related to investigating and reporting injuries of unknown origin and allegations of abuse. Even though the facility's corrective action removed the IJ, the facility remained out of compliance at a reduced scope and severity of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p>				<p>concerns will be brought to the ED immediately for follow up. Results of the interviews will be reviewed by the ED/DNS. New orders will be reviewed in daily clinical meeting to ensure that x-rays receive timely follow up, pain medication changes are addressed, care plans are updated appropriately and condition changes are responded to expediently. An abuse in-service will be done on a quarterly basis. Clinical Case Managers and/or MDS coordinators will be responsible to ensure that care plans are updated timely and are comprehensive. DNS/designee will monitor care plans for compliance on a quarterly basis. ED will meet with the resident council weekly x 1 month and then monthly thereafter. Resident council president has been informed that he may request a meeting at any time and will be given contact information. Investigations will be conducted using a systematic approach under the guidance</p>		

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SS=J	<p>B. 1. The Clinical Record of Resident C was reviewed on 04/08/11, at 11:50 a.m.</p> <p>Diagnoses included, but are not limited to, dementia, malaise and fatigue, hypertension, rheumatoid arthritis, osteoarthritis, and anemia.</p> <p>An Annual Minimum Data Sheet (MDS) assessment, dated 02/21/11, triggered</p>				<p>of Kindred policy to ensure that the investigation is comprehensive in nature.</p> <ul style="list-style-type: none"> <li>Any staff member accused of abuse will be suspended immediately pending the investigation. Kindred has a zero tolerance policy for abuse of any kind and will take whatever steps necessary to ensure the protection of our residents.</li> <li>Allegations of abuse and all incidents of unusual occurrences (as defined by Indiana Code) will be reported to officials in accordance the regulations and Kindred policy.</li> </ul> <p><b>5. Executive Director is responsible to ensure overall compliance by May 9, 2011.</b></p> <p>This serves as the Allegation of Compliance for Kindred Transitional Care &amp; Rehabilitation Center-Castleton for the recent complaint survey dated 04/13/11. Kindred Transitional Care &amp; Rehabilitation Center-Castleton asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have</p>		05/09/2011

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	<p>Resident C as moderately impaired in cognition. The MDS assessment indicated Resident C required extensive assistance with one staff person when transferred.</p> <p>A current Recapitulation, dated 04/1/11 thru 04/30/11, with an original order date of 11/19/10, indicated Resident C "...DX" {diagnosis}...osteoporosis...."</p> <p>A Care Plan titled, "Cognition," with the most recent update of 02/21/11, indicated, "Res. {resident} has impaired cognition &amp; (sic) decision-making abilities (needs cues/reorientation); poor s/t {short term} memory; cannot recall three items after five minutes, such as "clock, table, penny...."</p> <p>A Care Plan titled, "Communication," with the most recent update of 02/21/11, indicated..."Resident has potential for misscommunication (sic) due to: Dementia, HOH {hard of hearing}...."</p> <p>A Nurses Note, dated 03/18/11, at 1030 (10:30 a.m.), indicated Resident C had "...black discoloration on front of R [right] ankle. 3cm x 2cm. res. [resident] does not know how it happened. staff (sic) not aware of how it happened. MD office in facility notified. POA [power of attorney] notified...wound nurse also</p>				<p>outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of action. The staff of Kindred Transitional Care &amp; Rehabilitation Center-Castleton is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred Transitional Care &amp; Rehabilitation Center-Castleton is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey. The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p> <p><b>F225</b></p> <p><b>How corrective actions will be accomplished for the residents affected.</b></p> <p><b>Resident B</b> Resident B will not be assigned male caregivers and staff have been instructed to provide care to this resident in pairs for the protection of both the resident and staff. Social Services and Administration have scheduled</p>		

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	<p>aware...."</p> <p>A Resident Event Report Worksheet, dated 03/18/11, at 10:30 a.m., indicated six staff had been interviewed relative to the injury. Staff indicated they were unaware of the origin of the injury. Resident C indicated in report ..."possibly when transferred or propelling-not sure...." The box "Injury of unknown cause" was marked, and the box "Circumstances Unknown" was marked. The report indicated the Director of Nursing Services (DNS) and the Administrator notifications were not applicable as indicated by a mark in the box "N/A."</p> <p>A Nurses Note, dated 03/20/11, at 1830 (6:30 p.m.), indicated Resident C had pitting edema to the right lower leg. The leg was warm to touch and tender when moved. Resident C's attending physician's answering service was called and a doppler study was suggested. The note also indicated the weekend supervisor was notified.</p> <p>A Nurses Note, dated 03/21/11, at 0800 (8:00 a.m.), indicated..."Resident cries out in pain {with} attempt to elevate legs...." The nurse indicated she called the Nurse Practitioner (NP) and the resident's power of attorney.</p>				<p>a patient/family meeting to discuss placement options with the resident. Resident has been placed on a Behavior Management Program in reference to repeated false accusations. Social Services will meet with the resident and call her family weekly x4 weeks to ensure that any concerns are promptly identified, resolved and that no long term effects are evident. ED/DNS will give resident and family member contact information to ensure that any concerns are reported in a timely manner. ED/DNS will monitor assignment sheets and SS notes to ensure compliance.</p> <p><b>Resident C</b> Resident C has been kept on a Pain Management program. Pain is assessed with any condition change for modifications to the plan of care. Resident C care plan has been updated to address the fracture and pain control issues.</p> <p><b>How corrective action will be</b></p>		

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	<p>A Physician's Order, dated 03/21/11, included, but was not limited to, orders for an X-ray and venous doppler study to the right lower leg and Lasix 40 mg by mouth as a one time now order.</p> <p>A preliminary report for "Lower Extremity Venous Duplex," dated 03/21/11, indicated negative for DVT (deep vein thrombosis) of the right leg.</p> <p>A radiology report which examined the right knee and right tibia and fibula, dated 03/21/11, indicated ..."there is no indication of fracture...</p> <p>A radiology report which examined the right pelvis, hip and femur, dated 03/24/11, indicated..."No recent fracture...."</p> <p>A Nurses Note, on 03/25/11, at 1100 (11:00 a.m), indicated, "Bruising cont {continued} to R (right) leg-...."</p> <p>A Nurses Note, on 03/28/11, at 0830 (8:30 a.m.), indicated..."Rt {right} leg {with} bruising...Resident offered pain med {medication}."</p> <p>A Nurses Note, on 03/31/11, at 11:00 a.m., indicated Resident C was assessed by the NP. The bruising is noted in the</p>				<p><b>accomplished for those residents with the potential to be affected.</b></p> <p>Resident interviews were conducted on April 10, 2011 to ensure that no other allegations of abuse were present. Department Heads were educated by ED/DDCO on 4-7-11, Staff Development Coordinator on 4-20-11, and 4-21-11 with respect to policy and procedure reporting/investigation of allegations. Staff was educated on 4-7-11, 4-12-11, 4-21-11 and 4-21-11 with regards to the immediate reporting of any such allegations of abuse to the ED/DNS/designee. ED is taking disciplinary action with Staff regarding failure to follow the Abuse Policy and protocol and the need to report incidents immediately. ED met with Resident Council on April 29, 2011 to review the Abuse Policy and protocol and the need to report incidents immediately. If a resident has a fall and a</p>		

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	<p>nurses note as ...."purple in color to inner side of Rt {right} thigh - yellowish bruising to outer leg - ...."</p> <p>A Physician's Order, dated 04/1/11, indicated to send Resident C to the hospital for X-ray of the right hip, pelvis, femur and patella..."severe pain/bruising."</p> <p>A radiology report, dated 04/01/11, at 12:33 p.m., which examined the right knee indicated, ..."Impression: 1. Nondisplaced transverse fracture of the proximal tibial metaphysis...."</p> <p>A Physician's Order, dated 04/01/11, indicated to send Resident C to the emergency room to have treatment by an orthopedic doctor for the right proximal tibia fracture. ..."He is aware pt. [patient] is coming."</p> <p>A Nurses Note, on 04/01/11, at an illegible time, indicated, " Resident returned from ...ER with a Plaster (sic) cast or Splint (sic) to R {right} Leg (sic)...."</p> <p>In an interview on 04/07/11, at 2:20 p.m., the NP indicated the resident was at risk for osteoporosis due to her age and weight and non weight-bearing status. She indicated the resident was not receiving</p>				<p>subsequent negative x-ray for a fracture, and resident continues to complain of pain or demonstrates any change in condition, the resident will be sent to the hospital for further evaluation.</p> <p><b>What measures will be put in place/systemic changes made to ensure correction &amp; How the facility plans to monitor its performance to make sure those solutions are maintained.</b></p> <p>All doors will be locked 24/7. The main entrance will be staffing during normal business hours. Cameras will be installed at the front door entrance, the Cambridge Unit entrance and the staff entrance. The staff on the unit will have the responsibility to allow or deny entry to the facility who not do not use the main entrance. Staff on the units will be responsible to ensure that visitors sign in. If a visitor refuses to sign in or becomes threatening in any way, the visitor will be asked to leave the premises. If they</p>		

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	<p>calcium supplements. NP indicated she is unaware of the cause of the fracture. NP indicated Resident C needs assist to transfer to a wheel chair.</p> <p>During the end of day conference on 04/07/11, at 5:00 p.m., the DNS indicated he did not report the fracture to the state because Resident C was not considered totally dependent according to the MDS assessment of the resident. The DNS was asked to provide any further information on investigation or reporting from the time it was discovered Resident C had a tibia fracture.</p> <p>In the morning conference on 04/08/11, at 9:15 a.m., the DNS did not provide any further documentation of an investigation related to the tibia fracture of Resident C. He indicated he believed the injury was related to the resident's diagnosis of osteoporosis and osteoarthritis. He indicated he did not report the incident to the state based on the MDS assessment of Resident C. The Administrator did not provide any further documentation concerning the tibia fracture of Resident C.</p> <p>On 04/08/11, at 10:30 a.m., the DNS provided A Resident Event Report Worksheet. The report indicated the event date and time was 04/01/11 at 6:00 p.m.</p>				<p>refuse, police will be notified. Maintenance personnel will check locks according to the preventative schedule daily and prn. The Supervisor will be responsible for checking the doors on the weekends. The facility has posted notices at each entrance outlining the new security system. Daily resident rounds will be performed by the ED/DNS and unit managers to identify and address concerns promptly. Department Managers will be educated to Kindred's Angel Care program by May 5, 2011 and they will be required to visit their assigned residents 2-3 times weekly, with a weekly call made to the residents' responsible party and a weekly summary turned into the ED. Any concerns will be brought to the daily clinical meeting with a resolution indicated within 24 hours. ED/DNS will monitor weekly summaries to ensure resolution. Resident interviews will be conducted by SS, on a quarterly basis, using the ABAQIS (Quality Assurance)</p>		

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	<p>The event was listed as a right leg fracture. The "Circumstances Unknown" box is marked. Also listed in the report is a history of osteoporosis. The worksheet indicated the physician, family, Administrator and DNS were notified on 04/01/11 at 6:00 p.m. The box "Reported to State" was marked "no."</p> <p>In an interview on 04/08/11, at 11:30 a.m., the Brookshire Unit Manager indicated Resident C had an initial investigation of the original bruise done on 03/18/11. "I did not know I had to do another one for the fracture."</p> <p>This Federal tag relates to complaint IN00088559.</p> <p>3.1-28(c)</p>				<p>system questions to ensure integrity of the process. Any concerns will be brought to the ED immediately for follow up. Results of the interviews will be reviewed by the ED/DNS. New orders will be reviewed in daily clinical meeting to ensure that x-rays receive timely follow up, pain medication changes are addressed, care plans are updated appropriately and condition changes are responded to expediently. An abuse in-service will be done on a quarterly basis. Clinical Case Managers and/or MDS coordinators will be responsible to ensure that care plans are updated timely and are comprehensive. DNS/designee will monitor care plans for compliance on a quarterly basis. ED will meet with the resident council weekly x 1 month and then monthly thereafter. Resident council president has been informed that he may request a meeting at any time and will be given contact information. Investigations will be</p>		



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F0226  SS=J	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>A. Based on record review and interview, the facility failed to thoroughly investigate an allegation of sexual abuse by 1 resident and ensure residents were protected from</p>			F0226	<p>conducted using a systematic approach under the guidance of Kindred policy to ensure that the investigation is comprehensive in nature.</p> <ul style="list-style-type: none"> <li>Any staff member accused of abuse will be suspended immediately pending the investigation. Kindred has a zero tolerance policy for abuse of any kind and will take whatever steps necessary to ensure the protection of our residents.</li> <li>Allegations of abuse and all incidents of unusual occurrences (as defined by Indiana Code) will be reported to officials in accordance the regulations and Kindred policy.</li> </ul> <p><b>5. Executive Director is responsible to ensure overall compliance by May 9, 2011.</b></p> <p>This serves as the Allegation of Compliance for Kindred Transitional Care &amp; Rehabilitation Center-Castleton for the recent complaint survey dated 04/13/11. Kindred Transitional Care &amp;</p>		05/09/2011

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	<p>future abuse as indicated by facility policy for 1 of 3 allegations of abuse reviewed. This deficient practice resulted in immediate jeopardy. Resident B.</p> <p>The Immediate Jeopardy was identified on 4/06/11 and began on 3/24/11. The Administrator, Director of Social Services, and the District Director of Clinical Operations were notified of the immediate jeopardy on 4/06/11. The Immediate Jeopardy was removed on 4/10/11, but the facility remained out of compliance at the level of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy because the facility was continuing inservicing, educating, and monitoring of employees for knowledge and compliance with building and visitation policies and policies and procedures related to investigating and reporting injuries of unknown injury and allegations of abuse.</p> <p>B. Based on record review and interview, the facility failed to re-investigate and report to the state agencies a fracture of unknown origin as indicated by facility policy for 1 of 3 residents reviewed for injuries of unknown origin in a sample of 5.</p> <p>A.1. A facility policy titled "Abuse,"</p>				<p>Rehabilitation Center-Castleton asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of action. The staff of Kindred Transitional Care &amp; Rehabilitation Center-Castleton is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred Transitional Care &amp; Rehabilitation Center-Castleton is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey. The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p> <p><b>F226</b></p> <p><b>How corrective actions will be accomplished for the residents affected.</b></p> <p>Resident B allegation has been fully investigated and currently resides in the facility. SS</p>		

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	<p>dated 10/31/09, received from the Administrator on 4/06/11 at 4:45 p.m. indicated:</p> <p>"Policy: Verbal, sexual, physical, and mental abuse...are strictly prohibited.</p> <p>Compliance guidelines: 14. Results of an alleged abuse investigation are reported to the Executive Director (Administrator) or their designee and to other officials in accordance with state law..."</p> <p>A facility policy titled "Conducting an Investigation," dated 7/22/10 and received from the Administrator on 4/06/11 at 4:45 p.m., indicated:</p> <p>"Rationale: Federal regulation requires a center have evidence that all allegations of abuse...are thoroughly investigated. In addition, the center must take action to prevent further potential abuse while the investigation is in progress.</p> <p>Procedure...</p> <p>9. Interview staff members, visitors, and/or residents who may have knowledge of alleged incident being investigated. Interviews may include:</p> <p>a. Staff that cared for the resident(s) at the time of the alleged incident.</p>				<p>continues to meet with the resident to address any long term effect.</p> <p>Resident C fracture has been fully investigated and continues to reside in the facility.</p> <p><b>How corrective action will be accomplished for those residents with the potential to be affected.</b></p> <p>If a resident has a fall and a subsequent negative x-ray for a fracture, and resident continues to complain of pain or demonstrates any change in condition, the resident will be sent to the hospital for further evaluation.</p> <p>Resident interviews were conducted on April 10, 2011 to ensure that no other allegations of abuse were present.</p> <p>The ED/designee, will review investigations conducted over the last two months to assure full implementation of facilities policies was achieved. Counseling and in-servicing will be conducted</p>		

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	b. Staff on other shifts...  c. Residents in the same room, or residents in the immediate vicinity  d. Visitors who may have witnessed the incident  12. Identify the cognitive status of the victim(s) and resident(s) who are witnesses...  16. Describe any action(s) taken by the center to protect the resident(s) and to prevent a possible reoccurrence...  20. If the allegation involves sexual abuse, document if the alleged victim was examined, and if so, obtain a copy...of the examination or statement from the examiner...  27. Upon conclusion of the investigation, prepare a summary report of the findings and conclusions. The summary report must include sufficient detail of the investigation; any actions taken by the center...and a summary of the findings.  A 2. The record of Resident B was reviewed on 4/06/11 at 11:00 a.m.  Diagnoses included, but were not limited to, borderline personality disorder,				on any noted discrepancies. The ED, or designee will monitor through record review at least monthly for three months, then quarterly, to assure all components of the Abuse/Unusual Occurrences Policies are fully implemented. The ED is responsible for overall compliance.  <b>What measures will be put in place/systemic changes made to ensure correction.</b>  · Any staff member accused of abuse will be suspended immediately pending the investigation. Kindred has a zero tolerance policy for abuse of any kind and will take whatever steps necessary to ensure the protection of our residents. · Allegations of abuse and unusual occurrences will be reported to officials in accordance with regulatory requirements and Kindred policy. · Policy and Procedure regarding the investigating and reporting of incidents and allegations have been reviewed		

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	<p>hypertension, a history of uterine and breast cancer, beriberi, severe malnutrition, and hepatitis B.</p> <p>Resident B's admission Minimum Data Set (M.D.S.) assessment, dated 2/24/2011, indicated she did not experience hallucinations or delusions.</p> <p>Resident B's record did not contain any documentation of Resident B having a guardian or an appointed power of attorney.</p> <p>A Recapitulation of Physician's Orders for April 2011 had a physician's order, dated 2/17/2011, which indicated "Resident is capable of making his/her own health decisions."</p> <p>A "Facility Incident Reporting Form" provided by the Director of Nursing Services (D.N.S.) on 4/06/11 at 10:00 a.m., and completed by him indicated:</p> <p>"Incident Date: 3/24/2011...</p> <p>Resident Name: (Resident B)...</p> <p>Brief Description of Incident: Resident reported to the Unit manager and the social (sic) service Director, that allegation of rape. (sic) when asked when it happened, resident stated it happened</p>				<p>with the ED/DNS and SW by the DO and DDCO.</p> <p>The staff has been inserviced on the abuse policy and unusual occurrence policy. Future inservices will be conducted on a quarterly basis.</p> <p><b>How the facility plans to monitor its performance to make sure those solutions are maintained.</b></p> <p>All allegations of abuse and unusual occurrences will be discussed at the PI meetings monthly.</p> <p><b>Executive Director is responsible to ensure overall compliance by May 9, 2011.</b></p>		

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FORM APPROVED

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	<p>last night. resident unable to describe what happened when asked. asked if resident knew who did it, he (sic) said his name was "rock" and he does not work here. asked if she could describe him, all she said was, he is dark skin and has good grade hair. resident she (sic) gas already told her husband and her daughter and that they will be picking her up after work. resident continue to repeat the same statement over and over. she was unable to give any further information and description when asked. when questioned if she screemed (sic) she said yes, staff came in but the man has already left."</p> <p>The "Facility Incident Reporting Form" quoted above did not document the date or time the report was completed, or the time Resident B made the allegation of rape.</p> <p>A Nursing Progress Note, dated 3/25/11 at 11:00 a.m., indicated "Reported to this writer et (and) Social Service Director that resident made an allegation of rape-Spoke to resident-stated 'I was raped'...asked if she knew when it happened stated 'Yes it happened last night'...."</p> <p>A facility "Resident Event Report Worksheet" received from the D.N.S. on 4/07/11 at 5:00 p.m., indicated the</p>						

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	<p>Administrator had been advised of Resident B's allegation of rape on 3/25/11 at 11:30 a.m. During an interview on 4/08/11 at 9:55 a.m., the Administrator confirmed he had not participated in any way in the investigation of Resident B's allegation of rape.</p> <p>Resident B was interviewed on 4/07/11 at 4:00 p.m., in private in her room. She was pleasant and cooperative. When asked about her allegation of rape, she refused to discuss it and ended the interview.</p> <p>During an interview with the Social Services worker on 4/07/11 at 5:00 p.m., with the D.N.S. and Administrator present she provided copies of two resident interviews, dated 3/25/11, she indicated she did following Resident B's allegation of rape. The D.N.S. and Administrator had no explanation for why this documentation was not included in documentation provided earlier.</p> <p>A Social Services Progress Note, dated 3/25/11 at 1:30 p.m., indicated "This writer (symbol for "and") UM (unit manager) went to speak to (name of resident) to follow up with investigation. This writer asked (name of resident) if she heard anything last night R/T (related to) neighbors on hall. (Name of resident) stated No (symbol for "and") that she</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155272		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2011	
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-CASTLETON				STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN46250			
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	<p>slept all night heard nothing."</p> <p>A Social Services Progress Note, dated 3/25/11 at 1:35 p.m., indicated "This writer went to speak with (name of resident) in regards to investigation. (Name of resident) stated he did not hear anything last noc (night) it was pretty quiet..."</p> <p>During interviews on 4/06/2011 at 10:30 a.m., and again at 4:30 p.m., the D.N.S. indicated he had not interviewed any residents, staff, or visitors following Resident B's allegation of rape, and had not done any other investigation or instituted any interventions to assure resident safety.</p> <p>B. 1. The Clinical Record of Resident C was reviewed on 04/08/11 at 11:50 a.m.</p> <p>Diagnoses included, but are not limited to, dementia, malaise and fatigue, hypertension, rheumatoid arthritis, osteoarthritis, and anemia.</p> <p>The Minimum Data Sheet (MDS) assessment, dated 02/21/11, triggered Resident C as moderately impaired in cognition. The MDS assessment indicated Resident C required extensive assistance with one staff person when transferred.</p>						



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	<p>A current Recapitulation, dated 04/1/11 thru 04/30/11, with an original order date of 11/19/10, indicated Resident C "...DX" {diagnosis}...osteoporosis...."</p> <p>A Care Plan titled, "Cognition," with the most recent update of 02/21/11, indicated, "Res. {resident} has impaired cognition &amp; (sic) decision-making abilities (needs cues/reorientation); poor s/t [short term] memory; cannot recall three items after five minutes, such as "clock, table, penny...."</p> <p>A Care Plan titled, "Communication," with the most recent update of 02/21/11, indicated..."Resident has potential for misscommunication (sic) due to: Dementia, HOH [hard of hearing]...."</p> <p>A Nurses Note, dated 03/18/11, at 1030 (10:30 a.m.), indicated Resident C had "...black discoloration on front of R [right] ankle. 3cm x 2cm. res. [resident] does not know how it happened. staff (sic) not aware of how it happened. MD office in facility notified. POA {power of attorney} notified...wound nurse also aware...."</p> <p>A Resident Event Report Worksheet, dated 03/18/11, at 10:30 a.m., indicated six staff had been interviewed relative to</p>						

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	<p>the injury. Staff indicated they were unaware of the origin of the injury. Resident C indicated in report ..."possibly when transferred or propelling-not sure...." The box "Injury of unknown cause" was marked, and the box "Circumstances Unknown" was marked. The report indicated the Director of Nursing Services (DNS) and the Administrator notifications were not applicable as indicated by a mark in the box "N/A."</p> <p>A Nurses Note, dated 03/20/11, at 1830 (6:30 p.m.), indicated Resident C had pitting edema to the right lower leg. The leg was warm to touch and tender when moved. Resident C's attending physician's answering service was called and a doppler study was suggested. The note also indicated the weekend supervisor was notified.</p> <p>A Nurses Note, dated 03/21/11, at 0800 (8:00 a.m.), indicated..."Resident cries out in pain [with] attempt to elevate legs...." The nurse indicated she called the Nurse Practitioner (NP) and the resident's power of attorney.</p> <p>A Physician's Order, dated 03/21/11, included, but was not limited to, orders for an X-ray and venous doppler study to the right lower leg and Lasix 40 mg by</p>						

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	<p>mouth as a one time now order.</p> <p>A preliminary report for "Lower Extremity Venous Duplex," dated 03/21/11, indicated negative for DVT (deep vein thrombosis) of the right leg.</p> <p>A radiology report which examined the right knee and right tibia and fibula, dated 03/21/11, indicated ..."there is no indication of fracture...</p> <p>A radiology report which examined the right pelvis, hip and femur, dated 03/24/11, indicated..."No recent fracture...."</p> <p>A Nurses Note, on 03/25/11, at 1100 (11:00 a.m), indicated, "Bruising cont [continued] to R (right) leg-...."</p> <p>A Nurses Note, on 03/28/11, at 0830 (8:30 a.m.), indicated..."Rt [right] leg [with] bruising...Resident offered pain med {medication}."</p> <p>A Nurses Note, on 03/31/11, at 11:00 a.m., indicated Resident C was assessed by the NP. The bruising is noted in the nurses note as ...."purple in color to inner side of Rt [right] thigh - yellowish bruising to outer leg - ...."</p> <p>A Physician's Order, dated 04/1/11,</p>						

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	<p>indicated to send Resident C to the hospital for X-ray of the right hip, pelvis, femur and patella..."severe pain/bruising."</p> <p>A radiology report, dated 04/01/11, at 12:33 p.m., which examined the right knee indicated, ..."Impression: 1. Nondisplaced transverse fracture of the proximal tibial metaphysis...."</p> <p>A Physician's Order, dated 04/01/11, indicated to send Resident C to the emergency room to have treatment by an orthopedic doctor for the right proximal tibia fracture. ..."He is aware pt. {patient} is coming."</p> <p>A Nurses Note, on 04/01/11, at an illegible time, indicated, " Resident returned from ...ER with a Plaster (sic) cast or Splint (sic) to R [right] Leg (sic)...."</p> <p>In an interview on 04/07/11, at 2:20 p.m., the NP indicated the resident was at risk for osteoporosis due to her age and weight and non weight-bearing status. She indicated the resident was not receiving calcium supplements. NP indicated she is unaware of the cause of the fracture. NP indicated Resident C needs assist to transfer to a wheel chair.</p>						

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	<p>During the end of day conference on 04/07/11, at 5:00 p.m., the DNS indicated he did not report the fracture to the state because Resident C was not considered totally dependent according to the MDS assessment of the resident. The DNS was asked to provide any further information on investigation or reporting from the time it was discovered Resident C had a tibia fracture.</p> <p>In the morning conference on 04/08/11, at 9:15 a.m., the DNS did not provide any further documentation of an investigation related to the tibia fracture of Resident C. He indicated he believed the injury was related to the resident's diagnosis of osteoporosis and osteoarthritis. He indicated he did not report the incident to the state based on the MDS assessment of Resident C. The Administrator did not provide any further documentation concerning the tibia fracture of Resident C.</p> <p>On 04/08/11, at 10:30 a.m., the DNS provided A Resident Event Report Worksheet. The report indicated the event date and time was 04/01/11 at 6:00 p.m. The event was listed as a right leg fracture. The "Circumstances Unknown" box is marked. Also listed in the report is a history of osteoporosis. The worksheet indicated the physician, family,</p>						

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F0279	<p>Administrator and DNS were notified on 04/01/11 at 6:00 p.m. The box "Reported to State" was marked "no."</p> <p>This Federal tag relates to complaint IN00088559.</p> <p>3.1-28(a)</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b) (4).</p>			F0279	This serves as the Allegation of		05/09/2011
SS=D	Based on observation, record review and						

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	<p>interview, the facility failed to ensure resident's safety and comfort needs were met by not developing and implementing comprehensive care plans for 2 residents (Residents C and D) upon their return to the facility following orthopedic treatment for fractures of 4 residents reviewed for care plans in a sample of 5.</p> <p>Findings include:</p> <p>A facility policy titled "Care Plans," dated 10/31/09, was recieved from the Administrator on 4/08/11 at 1:50 p.m. and indicated to be the facility's current policy indicated:</p> <p>"Policy: A comprehensive care plan is developed that is consistent with the resident's specific conditions, risks, needs, behaviors, preferences and with standards of practice including measurable objectives, interventions/services, and timetables to meet the resident's needs s identified in the resident's assessment...or changes in the resident's condition...</p> <p>4. The care plan:...b. Addresses risk factors that might lead to avoidable declines in functioning or functional levels..."</p> <p>1. The record of Resident D was reviewed on 4/09/11 at 11:00 a.m.</p>				<p>Compliance for Kindred Transitional Care &amp; Rehabilitation Center-Castleton for the recent complaint survey dated 04/13/11. Kindred Transitional Care &amp; Rehabilitation Center-Castleton asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of action. The staff of Kindred Transitional Care &amp; Rehabilitation Center-Castleton is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred Transitional Care &amp; Rehabilitation Center-Castleton is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey. The statements made on the plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p> <p><b>F279</b></p> <p><b>How corrective action will be accomplished for resident</b></p>		

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	<p>Diagnoses included, but were not limited to, dementia, aspiration pneumonia, delirium, failure to thrive, hypertension, history of multiple strokes, atrial fibrillation, and osteoporosis.</p> <p>Nurse's notes for Resident D indicated:</p> <p>"2/27/ 2:15 a.m. Resident found on floor beside his bed...c/o (complained of) pain in (symbol for "right") wrist...small amount of edema...</p> <p>2/27/11 4:20 p.m...right wrist is swollen but no fractures were found in the x-ray...</p> <p>3/01/11...right wrist still very swollen...</p> <p>3/5/11 2:15 p.m....wrist remains swollen, pt. (patient) favors right wrist...</p> <p>3/16/11 11:30 p.m...Evening nurse called rt (right) wrist x-ray...orders to send out to (name of hospital) E.R. for stabilization/immobilizer...</p> <p>3/17/11 5:30 a.m. Pt. returned from (name of hospital) E.R...an ace wrapped splint in place...."</p> <p>A radiology report, dated 3/16/11, indicated "Impression: Colles fracture right. Comment: Right wrist: Fracture</p>				<p><b>affected.</b></p> <p>Resident record was reviewed for physician and hospital discharge orders for transcription accuracy and implementation. The care plan was updated for Resident C on 4-7-11 and Resident D on 4-12-11 by the unit manager and follow up on by the DNS.</p> <p><b>How corrective action will be accomplished for those residents having the potential to be affected.</b></p> <p>Admission, readmissions and current charts are reviewed in clinical meeting to ensure that orders were transcribed and implemented correctly and care planned as appropriate.</p> <p><b>What measures will be put in place/systemic changes made to ensure correction.</b></p> <p>New admission, readmission orders and new orders will be reviewed daily at the morning clinical meeting for transcription accuracy</p>		



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	<p>distal (far) end of the radius with mild dorsal displacement of the distal fractured fragment."</p> <p>Resident D's record indicated he was referred to a local specialty Orthopedic Clinic for evaluation and treatment on 3/17/11. He returned from that appointment with documentation titled "Aftercare Instructions" which included, but were not limited to:</p> <p>Dx (diagnosis) 1: Wrist fracture, closed. Misc Instr (Miscellaneous instructions) 1: Ortho-RICE (Rest, Ice, Compression, Elevation) Misc Instr 2: Splint Care</p> <p>Instructions: Take proper care of your splint (or cast)...Keep it dry...contact your doctor if the splint (or cast) feels too tight...SEEK IMMEDIATE MEDICAL ATTENTION if you develop severe pain OR you develop pain, swelling, numbness, tingling weakness, or discoloration in the fingers..."</p> <p>Resident D's record did not contain any Care Plan for interventions following his fall and wrist injury and subsequent discovery of his right wrist fracture and splinting, including the aftercare instructions from the orthopedic clinic, any orders or direction from his treating</p>				<p>implementation and care plans as appropriate. Any errors will be followed up on, corrected and/or clarified and education provided as necessary. On weekends and holidays, the nursing supervisor is responsible to review new orders to ensure prompt and accurate implementation and care planning.</p> <p><b>How the facility plans to monitor its performance to make sure those solutions is sustained.</b></p> <p>Irregularities in the documentation process will be followed by pertinent education and/or counseling as appropriate by the DNS/SDC. On a quarterly basis, the MDS/CM will conduct an audit to ensure that comprehensive care plans are developed and clinical records are accurate. DNS/designee will monitor by conducting periodic random audits.</p> <p><b>The ED is responsible to</b></p>		

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SS=D	<p>physician, or therapists who fitted his splint.</p> <p>During interviews on 4/10/11 at 10:45 a.m. and again on 4/11/11 at 11:45 a.m., the D.N.S indicated there was not a care plan for Resident D's aftercare instructions following his fracture and subsequent treatment.</p> <p>2. The Record of Resident C was reviewed on 04/06/11, at 11:50 a.m.</p> <p>Diagnoses included, but were not limited to, dementia, malaise and fatigue, rheumatoid arthritis, osteoarthritis, hypertension and anemia.</p> <p>The current Recapitulation, dated 04/01/11 thru 04/30/11, with an original physician's order, dated 11/19/10, indicated Resident C had a diagnosis of osteoporosis.</p> <p>A care plan titled, "Fall Risk Care Plan," dated 02/21/11, indicated, "Problem...risk is related to the following issues/diagnoses:...4. o/p [osteoporosis]...."</p> <p>An Emergency Nursing Patient Care Record, dated 04/01/11, indicated, Resident C was treated for a right tibia fracture.</p>				<p><b>ensure overall system compliance. Completion date will be May 9, 2011</b></p> <p>This serves as the Allegation of Compliance for Kindred Transitional Care &amp; Rehabilitation Center-Castleton for the recent complaint survey dated 04/13/11. Kindred Transitional Care &amp; Rehabilitation Center-Castleton asserts that all corrections described on this Plan of Correction have been implemented. In regards to the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of action. The staff of Kindred Transitional Care &amp; Rehabilitation Center-Castleton is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit Kindred Transitional Care &amp; Rehabilitation Center-Castleton is in substantial compliance as set forth below, we are confident that it will be found in substantial compliance with regulations upon re-survey. The statements made on the plan of</p>		05/09/2011

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	<p>Emergency Department Discharge Instructions, dated 04/01/11, included, but was not limited to, ..."Home Care: You will be given a splint...<u>do not</u> bear weight on the injured leg...Keep your leg elevated...Apply an ice pack...Keep the ...splint...dry...."</p> <p>A Resident Event Report Worksheet, with an event date of 4/01/11 at 6:00 p.m., provided by the Director of Nursing Services (DNS) on 04/08/11 at 10:30 a.m., indicated the resident had a right leg fracture. The report indicated Resident C had a history of osteoporosis.</p> <p>A Nurses Note, dated 04/01/11, at illegible time, indicated, "Resident returned from...with a Plaster (sic) cast or Splint (sic) to R {right} Leg (sic)...."</p> <p>In the end of day conference meeting on 04/07/11, at 5:00 p.m., all care plans for Resident AC were requested from the DNS for osteoporosis risk factors and for discharge instructions upon discharge of Resident C from the emergency department on 04/01/11.</p> <p>A Care Plan titled "Fractures, " dated 04/07/11 was provided.</p> <p>A Care Plan titled "Pain," dated 04/07/11 was provided.</p>				<p>correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p> <p><b>F279</b></p> <p><b>How corrective action will be accomplished for resident affected.</b></p> <p>Resident record was reviewed for physician and hospital discharge orders for transcription accuracy and implementation. The care plan was updated for Resident C on 4-7-11 and Resident D on 4-12-11 by the unit manager and follow up on by the DNS.</p> <p><b>How corrective action will be accomplished for those residents having the potential to be affected.</b></p> <p>Admission, readmissions and current charts are reviewed in clinical meeting to ensure that orders were transcribed and implemented correctly and care planned as appropriate.</p>		

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	<p>During an observation on 04/08/11, at 11:40 a.m., Resident C was in a geri-chair in the main dining room for a group activity. A large, bulky ace wrap was observed around the resident's right leg.</p> <p>In the end of day conference meeting on 04/08/11, at 5:15 p.m., the DNS indicated the "o/p" from the fall risk care plan stood for osteoporosis. No further care plan documentation was provided related to Resident C's diagnosis of osteoporosis. No further care plan documentation was provided with onset dates of the tibia fracture and discharge from the emergency department.</p> <p>This Federal tag relates to complaint IN00088559.</p> <p>3.1-35(a) 3.1-35(b)(1)</p>				<p><b>What measures will be put in place/systemic changes made to ensure correction.</b></p> <p>New admission, readmission orders and new orders will be reviewed daily at the morning clinical meeting for transcription accuracy implementation and care plans as appropriate. Any errors will be followed up on, corrected and/or clarified and education provided as necessary. On weekends and holidays, the nursing supervisor is responsible to review new orders to ensure prompt and accurate implementation and care planning.</p> <p><b>How the facility plans to monitor its performance to make sure those solutions is sustained.</b></p> <p>Irregularities in the documentation process will be followed by pertinent education and/or counseling as appropriate by the DNS/SDC. On a quarterly basis, the</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155272</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>00</b> B. WING _____		(X3) DATE SURVEY COMPLETED <b>04/13/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KINDRED TRANSITIONAL CARE AND REHAB-CASTLETON</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5226 E 82ND ST INDIANAPOLIS, IN46250</b>			
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					<p>MDS/CM will conduct an audit to ensure that comprehensive care plans are developed and clinical records are accurate. DNS/designee will monitor by conducting periodic random audits.</p> <p><b>The ED is responsible to ensure overall system compliance. Completion date will be May 9, 2011</b></p>		